



PRTF Alternative CHANCE Waiver
Case Management Training Attestation

CASE MANAGER NAME:

CASE MANAGER EMPLOYER:

CASE MANAGER SUPERVISOR:

DATE:

I have reviewed and understand the content of the Case Management training for the PRTF Alternative CHANCE Waiver program. If I have questions about the information provided to me in the PowerPoint presentation I will contact South Carolina Department of Health and Human Services PTRF Alternative CHANCE Waiver staff for clarification.

Case Manager's signature

Date

Supervisor's signature

Date

All Case Managers for PRTF Alternative CHANCE Waiver participants must sign and return this attestation by 10/15/12. Please send completed attestations to:

Amanda Newell
PRTF Alternative CHANCE Waiver
South Carolina Department of Health and Human Services
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